| C | | CITY OF TITUSVILLE, PA FO | OD | EST | ABL | ISHN. | MENT IN | SPECTI | ON REPORT | | | |
|--|---|---|--------------------|----------------------|---|--|--|--|--|------------------|--|--|
| C: | | | | | | | terventions \ | Date 5/1/19 | | | | |
| CITY OF TITUSVILLE | | | | No. of Repeat Risk | | | | | Current | 040 | | |
| DEPARTMENT OF HEALTH | | | | | ctor/ | Interve | ntion/Violatio | Expiration 4/19/20 | 113 | | | |
| | lishment :le Caesar's | Locati | on EC | 'antı | ral . | Δνα | | | Phone | | | |
| Licens | | | Purpos | | | | Est Type | | Risk Category | | | |
| Permi | | · | Routi | / | - | w-up | FS (RS |) | · · · · · · · · · · · · · · · · · · · | | | |
| | 10000 | FOODBORNE ILLNESS RISK | | | | • • | | / | | | | |
| | Circle designa | ted compliance status (IN, OUT, N/O, N/A) for e | | | | | C HEALITI | | appropriate box for COS and/or I | R | | |
| IN | I = in compliance | OUT = not in compliance N/O = not observe | | A = no | | | · | rected on-si | te during inspection \mathbf{R} = repeat \mathbf{v} | | | |
| | | Compliance Status | cos | R | | | | mpliance | | | | |
| | Demonstration of Knowledge | | | | | | | | s Food Time/Temperature | | | |
| 1 | IN OUT | Certification by accredited program, compliance with Code, or correct responses | | | 16 17 | | T N/A N/O T N/A N/O | + | oking time & temperatures neating proc for hot holding | | | |
| | | Employee Heaith | | | 18 | _ | T N/A N/O | ' | oling time & temperatures | | | |
| 2 | IN OUT | Management awareness; policy present | | | 19 | IN OU | T N/A N/O | | t holding temperatures | | | |
| 3 | IN OUT | Proper use of reporting, restriction & exclusion | | | 20 | IN OU | | <u>'</u> | d holding temperatures | | | |
| 4 | IN OUT N/O | Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use | | | 21 22 | | T N/A N/O T N/A N/O | † | te marking & disposition | - | | |
| 5 | IN OUT N/O | No discharge from eyes, nose, and mouth | | \vdash | 22. | 114 00 | I N/A N/O | T time as bi | s public health control; proc & rec | | | |
| | Pre | eventing Contamination by Hands | | | | | | Consun | ner Advisory | | | |
| 6 | IN OUT N/O | Hands clean & properly washed | | | 23 | IN OUT | N/A | | advisory provided for raw or | | | |
| 7 | IN OUT N/A N/O | No bare hand contact with RTE foods or | | | | | Hial | | undercooked foods | | | |
| | IN OUT WATER | approved alternate method properly followed Adequate handwashing facilities supplied & | | | - | | riigi | Highly Susceptible Populations Pasteurized foods used; prohibited foods | | | | |
| 8 | IN OUT | accessible | | | 24 | IN OUT | N/A | not offere | | | | |
| Ļ | | Approved Sources | | 1 | | | Chemical | | | | | |
| 9 | IN OUT | Food obtained from approved source | | | 25 | IN OUT | | Į. | ves: approved & properly used ances properly identified, stored & | | | |
| 10 | IN OUT N/A N/O | Food received at proper temperature | | | 26 | IN OUT | | used | , | | | |
| 11 | IN OUT | Food in good condition, safe & unadulterated | | | | | Conform | ance with | 1 Approved Procedures | | | |
| | | Required records available: shelf stock tags. | | | | | | | | | | |
| 12 | IN OUT N/A N/O | Required records available: shelf stock tags, parasite destruction | | | 27 | IN OUT | | Complianc | e with variance, specialized LHACCP plan | | | |
| • | | parasite destruction Protection from contamination | | | | _ | N/A | Compliand process, 8 | e with variance, specialized LHACCP plan | t prevalen | | |
| 12 13 14 | | parasite destruction | | | Risk | c factors | N/A s are improper g factors of foo | Compliand process, & practices of odborne illne | e with variance, specialized HACCP plan r procedures identified as the mos ss or injury. Public Health Interve | | | |
| 13 | IN OUT N/A | parasite destruction Protection from contamination Food separated & protected Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously | | | Risk | c factors | N/A s are improper g factors of foo | Compliand process, & practices of odborne illne | e with variance, specialized HACCP plan r procedures identified as the mos | | | |
| 13 14 | IN OUT N/A | parasite destruction Protection from contamination Food separated & protected Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served, reconditioned & unsafe food | OD R | ETAII | Risk | k factors | s are improper g factors of foc control meas | Compliand process, & practices of odborne illne | e with variance, specialized HACCP plan r procedures identified as the mos ss or injury. Public Health Interve | | | |
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| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | | | | No Date Dit | | | | | | |
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| Establishment | | | Address/City/State/Zip Co | ode | | Phone | | | | |
| Little Caesar's | | | 410 E Central Ave | | 814-664-2562 | | | | | |
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